



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT TO SELL TOBACCO PRODUCTS

DATE: _____

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____ TEL: _____

MAILING ADDRESS (IF DIFFERENT:) _____

NAME OF MANAGER: _____ TEL: _____

NAME OF OWNER: _____ TEL: _____

HOME ADDRESS OF OWNER: _____

IF CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE & HOME ADDRESS

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>	<u>HOME TELEPHONE</u>

COMPLETED APPLICATION MUST CONTAIN:

1. A CHECK FOR **\$200.00** MADE PAYABLE TO THE TOWN OF NORWOOD

2. NORWOOD TOBACCO REGULATIONS
EMPLOYEE STATEMENT SIGNATURE SHEET

(ANYONE WHO SELLS TOBACCO PRODUCTS MUST SIGN ATTACHED SIGNATURE SHEET...THAT STATES AS AN EMPLOYEE RESPONSIBLE FOR THE SALE OF TOBACCO, I HAVE READ AND UNDERSTAND THE TOWN OF NORWOOD BOARD OF HEALTH, AND THE STATE OF MASSACHUSETTS REGULATIONS. I UNDERSTAND THAT TOBACCO PRODUCTS ARE NOT TO BE SOLD TO ANYONE UNDER THE AGE OF 18.)

THIS PERMIT IS NON-TRANSFERRABLE

SIGNATURE OF APPLICANT _____

SOCIAL SECURITY OR FED. ID # _____

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<http://health.norwoodma.gov>

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Phone (781) 762-1240 – Fax (781) 278-3000

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EMPLOYEE SIGNATURES BELOW:

[illegible]